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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/041,836	01/07/2002	Marshall O. Townsend II	GLFP-1-1001	4549
25315	7590	08/24/2005		
BLACK LOWE & GRAHAM, PLLC 701 FIFTH AVENUE SUITE 4800 SEATTLE, WA 98104			EXAMINER LEGESSE, NINI F	
			ART UNIT 3711	PAPER NUMBER

DATE MAILED: 08/24/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

C

Interview Summary	Application No.	Applicant(s)	
	10/041,836	TOWNSEND, MARSHALL O.	
	Examiner	Art Unit	
	Nini F. Legesse	3711	

All participants (applicant, applicant's representative, PTO personnel):

- (1) Nini F. Legesse. (3) ____.
- (2) Attorney Lawrence D. Graham. (4) ____.

Date of Interview: 19 August 2005.

Type: a) ☒ Telephonic b) ☐ Video Conference
c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☐ No.
If Yes, brief description: ____.

Claim(s) discussed: ____.

Identification of prior art discussed: ____.

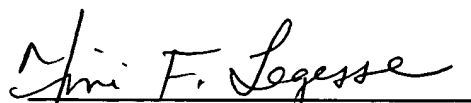
Agreement with respect to the claims f) ☐ was reached. g) ☐ was not reached. h) ☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Examiner informed Applicant's representative Mr. Graham that his amendment of 08/15/05 is acknowledged and that the response to his amendment will not be timely since the application is being reviewed on other issues.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.


Examiner's signature, if required